MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/573 483 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER AFTER 1" AMENDMENT 2 [™] AMENDMENT AS FILED I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND TOTAL DEP TOTAL DEP TOTAL TOTAL CLAIMS CLAIMS